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BIBDATASHEET

CONFIRMATION NO. 7399

Bib Data Sheet

SERIAL NUMBER 09/730,380	FILING DATE 12/05/2000 RULE	CLASS 514	GROUP ART UNIT 1625	ATTORNEY DOCKET NO. 5432/0I004
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** CONTINUING DATA *****

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** FOREIGN APPLICATIONS *****

DENMARK PA 2000 01614 10/27/2000

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/25/2001

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY DENMARK	SHEETS DRAWING 0	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>C.A.</i>	Examiner's Signature Initials			

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TITLE

PHARMACEUTICAL COMPOSITION CONTAINING CITALOPRAM

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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